Congressman Dan Boren Service Academy ApplicationCover Check Sheet

| | Completed Application | | | | | | |
|--|---|--|--|--|--|--|--|
| | 2 Letters of Recommendations | | | | | | |
| | 1 Service Academy Academic Recommendation Form | | | | | | |
| | 1 Page personal statement outlining why you are interested in entering a service academy. | | | | | | |
| | A recent photo of yourself. | | | | | | |
| | 1 official copy of your high school transcript. | | | | | | |
| | 1 official copy of your ACT or SAT scores, with the writing component. | | | | | | |
| All applications must be returned by the November 04, 2011 deadline. All applicants meeting eligibility requirements will be notified of the date, time, and place to report for a personal interview by a review panel. The review panel will consist of three to five individuals, who are business and community leaders, service academy graduates, active military personnel and academia. Selections are made competitively on the basis of academic performances, leadership potential, personal statement, extra-curricular activities, personal interviews and letters of recommendations. The nominees for each vacancy will be recommended to Congressman Boren by the review panel. Congressman Boren will review and submit these recommendations to each service academy. The final ranking and subsequent appointments will be at the discretion of the academies. | | | | | | | |
| United | United States Service Academy Nominations 2011 Schedule | | | | | | |
| | Friday, November 04, 2011 | Deadline for file completion and submission of information | | | | | |
| | Monday, December 12, 2011 | Personal Interview. | | | | | |
| | Monday, December 19, 2011 | Nominee notification of status by mail begins. | | | | | |
| | Applicant Name: Academy: | | | | | | |

*** Mail with attention to Mary Bower

United States Congressman Dan Boren 309 west 1st Street Claremore, OK 74017 Phone: (918) 341-9336 Fax: (918) 342-4806

<u>Application for Nomination to the United States Service Academies</u>

| Full Legal Name: | .: | | | | | | |
|---|--|---------------------------|--|--|--|--|--|
| (Check those in which you currently have or will have an open file. If you are interested in more than one academy, please rank them in order of importance.) | | | | | | | |
| Air Force | Marine Naval | Military | | | | | |
| Personal Information: | | | | | | | |
| Date of Birth: | Place of Birth: | | | | | | |
| Are you a U.S. Citizen? | | | | | | | |
| Mailing Address: | | | | | | | |
| Street Address: | | | | | | | |
| City: | State: Zip Cod | e: | | | | | |
| Legal Address in Oklahoma: | (Check mark if it is the same address as above | /e) | | | | | |
| Street Address: | | | | | | | |
| City: | State: Zip Cod | e: | | | | | |
| Contact Information: | | | | | | | |
| Home Phone: | Cell Phone: | | | | | | |
| Email Address | | | | | | | |
| Preferred Method of Contact: | Home: Cell: | E-Mail: | | | | | |
| Guardian Name: | Daytime Phone: | | | | | | |
| Guardian Name: | Daytime Phone: | | | | | | |
| Academic Data: | | | | | | | |
| High School: | Graduation Date: | | | | | | |
| Counselor: | School Phone No.: | | | | | | |
| Does your classes include: | | | | | | | |
| Honors AP Classe | | (i.e. College classes) | | | | | |
| GPA: | Class rank: | | | | | | |

Application for Nomination to the United States Service Academies

Extra Curricular Activities and Awards

Below, list your school and community activities. Complete form or attach your own typed information.

| Activity | Description of activity, accomplishments, offices held, awards, etc. | Year(s) |
|-------------------------------|--|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Check here if you | are attaching documents to support the above section. | |
| nomination to for a nominatio | nd fully understand the requirements and procedures for obta the service academies by Congressman Boren, and do hereb n. I also understand the Academy Review Panel reserves the ect any application which contains inaccurate information. | y apply |
| | Signature: | |
| Have you applie | ed with any other Congressional or Senate offices? If so with | whom? |
| | | |
| Signature: | | |
| Date: | | |

Service Academy Academic Recommendation Form

Please Type or Print the required information.

School Counselor or Teacher

Note: This recommendation form is completely confidential. After filling out the form, place in an envelope and seal. Sign your signature over the seal. You may mail it in to the given address at the bottom or give it directly to the student to hand in with his or her application.

| abilities: Leadership Characteristics |
|---|
| |
| Personality Traits |
| Ability to get along with and work well with others |
| Ability to work under pressure |
| Ability to take criticism |
| Attendance, punctuality and dependability |
| Overall assessment of candidate |

| General comments about student: | | | | | | |
|---------------------------------|---------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature: | Date: | | | | | |
| Title: | School: | | | | | |